

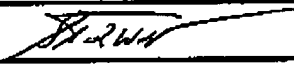
PTO/SB/21 (07-06)

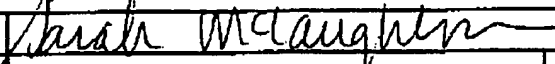
Approved for use through 09/30/2006. OMB 0651-0031

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/919,283 | RECEIVED CENTRAL FAX CENTER OCT 02 2006 |
| | Filing Date | 07/31/2001 | |
| | First Named Inventor | Duane E. Galbi | |
| | Art Unit | 2616 | |
| | Examiner Name | Scheibel, Robert C. | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 00CXT0725N-1 |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502622 for the required fees. | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm | The Ollila Law Group LLC | |
| Signature |  | |
| Printed Name | Steven L. Webb | |
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PTO/SB/123 (01-06)

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| CHANGE OF CORRESPONDENCE ADDRESS Patent Address to: Mail Stop Post Issue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Patent Number | 7,099,328 B2 |
| | Issue Date | 08/29/2006 |
| | Application Number | 09/919,283 |
| | Filing Date | 07/31/2001 |
| | First Named Inventor | Duane E. Galbi |
| | Attorney Docket Number | 00CXT0725N-1 |

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